

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047383

1. Entity Name
SKIPPER'S FULL SCALE SERVICES LLC



Principal Place of Business
7324 S DEERHAVEN ROAD
SOUTHPORT, FL 32409

Mailing Address
7324 S DEERHAVEN ROAD
SOUTHPORT, FL 32409

2. Principal Place of Business - No P.O. Box #
3945 Cedar Bluff Rd
Suite, Apt. #, etc.

3. Mailing Address
3945 Cedar Bluff Rd
Suite, Apt. #, etc.

City & State
Southport, FL
Zip 32409 Country US

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Southport, FL
Zip 32409 Country US

04242007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2858977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIPPER, JAMIE
7324 S DEERHAVEN ROAD
SOUTHPORT, FL 32409

7. Name and Address of New Registered Agent

Name James Skipper
Street Address (P.O. Box Number is Not Acceptable)
3945 Cedar Bluff Rd
City Southport FL Zip Code 32409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Skipper

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SKIPPER, JAMIE ☐ Delete
STREET ADDRESS 7324 S DEERHAVEN ROAD
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 100102527231
STREET ADDRESS 05/15/07--01039--021 **100.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 06-07
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James Skipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-27-07